MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07926

CERTIFICATE OF DEATH

(94a)

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Dorchester
City or town Cambridge, No (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Cambridge Hospital
Stay in hospital or inst. (yrs., or mos., or days) None
Stay in this community (yrs., or mos., or days) 40 years

WITHIN CORPORATE LIMITS

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Robbins Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Home of Alfred Garcia
(If rural give LOCATION)
2(a) IF YETERAN, NAME WAR

3. (a) FULL NAME albert abbott

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1879

8. AGE: Years	Months	Days	If less than one day
60	-	-	hrs. min.

9. Birthplace Deals Island (Town, county, and state)
10. Usual occupation Laborer
11. Industry or business General
FATHER 12. Name asbury abbott
13. Birthplace Maryland
MOTHER 14. Malden name Sallie Webster
15. Birthplace Md.
16. Informant Alfred Garcia
Address Robbins, Maryland
17. Burial (Burial, cremation, or removal. Which?) Date thereof 8 14 1939 (month) (day) (year)
Cemetery or crematory Sandy Island
Location Robbins, Maryland
18. Funeral director Granville E. Campbell
Address Cambridge, Md.
19. 8-14 1939 John Meece Jr. (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 12 1939, at 11.30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ---- 19---, to ---- 19----, and that I last saw h---- alive on ---- 19----.

Immediate cause of death	DURATION
died after about three hours illness - no medical attendant, as far as could be ascertained - death was	
Due to due to an Angina Pectoris	
Due to Sclerotic Asterius	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, Industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Jos. K. Shriver Dep. Med. Exam. M. D. or other
Address Cambridge Md Date signed Aug 14/39

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SEP 5 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07927

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (93-C)

County Dorchester · Registration Dist. No. 116

Village or City Cambridge No. State Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of rasidance in city or town where daath occurred 1 yrs. 6 mos. 16 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Pippe Adams If U. S. Veteran, specify WAR

(a) Residence: No. Crisfield Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	married

5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of Wee Adams

6. DATE OF BIRTH (month, day, and yaar) Oct 29 1858

7. AGE	Years	Months	Deys	If LESS than 1 dey, hrs. or min.
	60	9	6	

OCCUPATION

8. Trede, profassion, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceasad last workad at this occupetion (month end year) 1925. 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) Crisfield (State or country) Maryland

FATHER

13. NAME John Somers

14. BIRTHPLACE (city or town) Crisfield (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Adams

16. BIRTHPLACE (city or town) Pocomoke (State or country) Maryland

17. INFORMANT Hospital Records (Address) State Hospital

18. BURIAL, CREMATION, OR REMOVAL Place Crisfield Cem. Data Aug 6, 1939

19. UNDERTAKER John A. Bradshaw (Address) Crisfield Md.

20. FILED 8-5, 1939 John Mace jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August (Month) 4 (Day), 1939 (Year)

22. I HEREBY CERTIFY That I attended deceased from Feb 1, 1938, to Aug 4, 1939

I last saw h.er alive on Aug 4, 1939; daath is said to have occurred on tha date stated abova, at 10:45 p.m.

The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:

	Date of onset
Chronic Myocarditis (Myocardial Insuffi-ciency:)	1939
Dther Contribntory Causes of Importance: Huntington's Chorea	1928
Cerebral Astero-sclerosis	1938

Neme of operation None Date of

Whet test confirmed diagnosis? Physical Sign Was there an au'opsy? No.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accidant, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whathar injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way ralatad to occupation of deceasad?

If so, specify

(Signed) Kenneth B. Jones M. D.

(Address) Cambridge Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED SEP 5 1928 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07928

1. PLACE OF DEATH

County Dorchester Registration Dist. No. 116

Village or City Cambridge Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Anna F. Barth If U. S. Veteran, specify WAR

(a) Residence: No. 314 Md Ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Herman W. Barth

6. DATE OF BIRTH (month, day, and year) April 6 1858

7. AGE Years 81 Months 4 Days 14 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME John Fischer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) White Barth Cambridge Md

18. BURIAL, CREMATION, OR REMOVAL

Place Cambridge Md Date Aug 22, 1939

19. UNDERTAKER (Address) Frank E. Atkinson Cambridge Md

20. FILED 8-22, 1939 John Peace Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug (Month) 20 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from —, 19, to Aug 30, 1939

I last saw h alive on , 19; death is said to have occurred on the date stated above, at 9 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	

Other Contributory Causes of Importance:

Cerebral arterio sclerosis

Name of operation none Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? no Date of Injury , 19

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. —

Manner of injury — none

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Guy Stutt M. D.

(Address) Cambridge Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

07923

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Dorchester
City or town Cambridge Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 210 Md Ave
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)
WITHIN CORPORATE LIMITS

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Cambridge Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 210 Maryland Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Mary H. Bramwell

3. (b) Social Security Number

4. Sex Female | 5. Color or race White | 6.(a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Lucas P. Bramwell deceased — 6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 11-9-1861

8. AGE: Years 77 | Months 8 | Days 25 | If less than one day — hrs. — min.

9. Birthplace New York
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Erastus H. Tuthill
13. Birthplace N. Y.

MOTHER 14. Maiden name Charlotta Haley
15. Birthplace N. Y.

16. Informant Nellie H. Christopher
Address Cambridge Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 8-5-1939 (month) (day) (year)
Cemetery or crematory Lauden Park
Location Baltimore Md

18. Funeral director G S LeCompte
Address Cambridge Md

19. 8-3 (Date rec'd by registrar) 1939 John Meade Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 2 1939, at 4:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 6 1939, to Aug 3 1939, and that I last saw her alive on August 2 1939.

Immediate cause of death Cerebral apoplexy — DURATION

Due to Hypertensive cardio-vascular renal disease

Due to

Other conditions Hypertrophic arthritis

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide No Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Wyle M Laws M. D. or other
Address Cambridge Md Date signed 8-3-39

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STATE OF MARYLAND—CERTIFICATE OF DEATH

07930

1. PLACE OF DEATH

County Dorchester — 183 Choptank River CB — Registration Dist. No. 116

Village or City Cambridge — No. [redacted] St. — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. 1 mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME William A. Berger - Jr.

(a) Residence: No. 346 Roosevelt Ave St., Ward. Newark, N.J. ✓

(Usual place of abode) Newark - N.J. If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) May 7 - 1933

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
6	3	13	

OCCUPATION

8. Treda, profassion, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. None

9. Industry or businass in which work was done, es SILK MILL, SAW MILL, BANK, atc. —

10. Date decaasad last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation /

12. BIRTHPLACE (city or town) Newark - N. J. (State or country)

FATHER

13. NAME Wm A. Berger - M.D.

14. BIRTHPLACE (city or town) Ohio (State or country)

MOTHER

15. MAIDEN NAME Amy McNay

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT Wm A. Berger - M.D. (Address) 346 Roosevelt Ave Newark N.J.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Newark N.J. Data Aug 23, 1939

19. UNDERTAKER L. A. LeCompte (Address) Cambridge, Md

20. FILED 6-21, 1939 John Meade Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug. (Month) 20 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attandad deceased from ___, 19___, to ___, 19___

I last saw h___ alive on ___, 19___; daath is said to hava occurrad on tha data stated above, at 5-30 P.M.

The **PRINCIPAL CAUSE OF DEATH** and relatad causes of importanca ware as follows:

	Data of onset
Accidental Drowning	Aug 20

Dthor **Contributory Causes** of importanca:

Name of operation None Data of —

What test confirmed diagnosis? — Was thera an autopsy? No

23. If death was due to external causes (VIDLENCE) fill in also the following:

Accident, suicide, or homicide Accident Data of Injury Aug 20 1939

Where did injury occur Town Point - Dor. Co. (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. in Choptank River

Manner of injury —

Nature of injury Drowning

24. Wes disease or injury in eny way related to occupation of decaasad? No

If so, specify —

(Signed) Jr. K. Shriver - Dep. Med. Exam. M. D.

(Address) Cambridge Md

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1928*

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SEP 5 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07931

Reg. Dist. No. 111

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Dorchester
City or town East New Market
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: ×
Stay in hospital or inst. (yrs., or mos., or days) Years
Stay in this community (yrs., or mos., or days) 14 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town East New Market Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. —
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME J. airey Braunack

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	married

8 (b) Name of husband or wife Cheryl Braudale
6(c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) 6-18-1879

8. AGE: Years	Months	Days	If less than one day
60	1	25	____ hrs. ____ min.

9. Birthplace Church Creek, Dor, Md. (Town, county, and state)
10. Usual occupation Service station prop.
11. Industry or business —

FATHER
12. Name Joseph Braunack
13. Birthplace Md.

MOTHER
14. Maiden name Jennie airey
15. Birthplace Maryland

16. Informant Mrs. airey Braunack
Address East new market

17. Burial Date thereof 8 15 39
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Dorchester Memorial Park
Location Cambridge, Md.

18. Funeral director Granville LeCompte
Address Cambridge, Md.

19. Aug 17 1939 H. E. Parker
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 13 1939, at 630 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 18 1939, to Aug. 13 1939, and that I last saw him alive on August 13 1939.

Immediate cause of death	DURATION
Rt. Cerebral Hemorrhage	8 hours
Due to Hypertensive cardio-vascular disease	
Due to —	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide — Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE N. E. Parker M. D. or Coroner
Address Cambridge, Md. Date signed 8/17/39

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HANKS

STATE OF MARYLAND—CERTIFICATE OF DEATH

07932

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH

County Dorchester Registration Dist. No. 116

Village or City Cambridge No. Eastern Shore State Hospital Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 13 yrs. 1 mos. 16 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Elijah Lee Brittingham If U. S. Veteran, specify WAR

(a) Residence: No. Pocomoke City, Md. St., Ward. R.D.#5
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 29, 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49		11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pocomoke City, R.D.#5
(State or country) Worcester County, Md.

FATHER

13. NAME Elijah E. Brittingham

14. BIRTHPLACE (city or town) Pocomoke City
(State or country) Worcester County, Md.

MOTHER

15. MAIDEN NAME Sallie E. Outten

16. BIRTHPLACE (city or town)
(State or country) Worcester County, Md.

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Good Will Church Cem. Date Aug 12, 1939

19. UNDERTAKER Wm. Lee Outten
(Address) Pocomoke City, Md.

Registered Number 1500
Wm. Stanton Holloway
Salisbury, Md.

20. FILED 8-9, 1939 John Mace Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August 9, 1939
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 1st, 1937, to August 9, 1939

I last saw him alive on August 9, 1939; death is said to have occurred on the date stated above, at 10:10A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	5/15/39
Other Contributory Causes of Importance:	
Epilepsy, grand mal type	?

Name of operation Date of
What test confirmed diagnosis? Laboratory findings. Physical signs Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Natura of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Kenneth B. Jones M. D.

(Address) Cambridge Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07933

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH (258)

County Dorchester Registration Dist. No. 112

Village or City Vienna No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Julia Campen If U. S. Veteran, specify WAR

(a) Residence: No. Vienna Rd St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Fem	Colored	

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: wife of Floyd Campen

6. DATE OF BIRTH (month, day, and year): July 4 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: md

10. Date deceased last worked at this occupation (month and year): 5 11. Total time (years) spent in this occupation: 28

12. BIRTHPLACE (city or town) (State or country): Vienna md

FATHER

13. NAME: Richard Handy

14. BIRTHPLACE (city or town) (State or country): md

MOTHER

15. MAIDEN NAME: Dant Lewis

16. BIRTHPLACE (city or town) (State or country): md

17. INFORMANT (Address): Hermond young Vienna md

18. BURIAL, CREMATION, OR REMOVAL

Place: Vienna md Date: Aug 14 1939

19. UNDERTAKER (Address): Lewis H Baynum Cambridge Md

20. FILED Aug 14, 1939 Mrs R L Hughes Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

aug 10 (Month) (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from January 18, 1939, to August 10, 1939.

I last saw her alive on August 10, 1939; death is said to have occurred on the date stated above, at 10:45 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
1. Cerebral Hemorrhage.	8/5/39.

Other Contributory Causes of importance: Hypertensive Cardiovascular Disease? Senile Debility

Name of operation: Date of

What test confirmed diagnosis? Examination Was there an autopsy? No.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) [illegible] M. D.

(Address) Cambridge Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

07934

STATE OF MARYLAND—CERTIFICATE OF DEATH

(131)

1. PLACE OF DEATH

County Dorchester Registration Dist. No. 116

Village or City Cambridge No. State Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 23 yrs. 8 mos. 25 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Carmine If U. S. Veteran, specify WAR

(a) Residence: No. Preston, Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ella Collison

6. DATE OF BIRTH (month, day, and year): March 25 1866

7. AGE: Years 73 Months 4 Days 10 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: 8

10. Date deceased last worked at this occupation (month and year): 1914

11. Total time (years) spent in this occupation: 8 yrs

12. BIRTHPLACE (city or town) (State or country): Talbot Co. Maryland.

FATHER

13. NAME: William Carmine

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Sarah A Schuyler

16. BIRTHPLACE (city or town) (State or country): Maryland.

17. INFORMANT (Address): Hospital Records and Miss C. V. Carmine 1214 Eutaw Pl. Baltimore Md

18. BURIAL, CREMATION, OR REMOVAL Place: Cambridge Date: Aug 6 1939

19. UNDERTAKER (Address): Kenneth R. Thomas Cambridge Md.

20. FILED 8-5 1939 John Mace Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August (Month) 4 (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1938, to Aug 4 1939

I last saw him alive on Aug 4 1939; death is said to have occurred on the date stated above, at 4:00 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Nephritis (Uremia)	July 28
Bronchopneumonia	Aug 2
Urethral Fever	July 29
(Acute Urethritis)	1939.

Other Contributory Causes of importance:

Arteriosclerosis, General and Cerebral	1927
Paranoid Condition	1915

Name of operation: none Date of

What test confirmed diagnosis? Physical & Lab Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury: , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Kenneth B. Jones M. D.

(Address) Cambridge Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

07935

STATE OF MARYLAND—CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH

County Dorchester Registration Dist. No. 116

Village or City Cambridge R.D. #1 Eastern Shore State Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred 3 yrs. 8 mos. 11 ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alonzo S. Daffin If U. S. Veteran, specify WAR .....

(a) Residence: No. Denton, Caroline Co. Md St., ... Ward. .....

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrs Arkansas Virginia Dorsey

6. DATE OF BIRTH (month, day, and year): June 5, 1872

7. AGE: Years 67 | Months 2 | Days 13 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Blacksmith

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year): 3 yrs 3 mos.

11. Total time (years) spent in this occupation: 44

12. BIRTHPLACE (city or town): Lewiston (State or country): Talbot County Md.

FATHER

13. NAME: T. J. Daffin

14. BIRTHPLACE (city or town): Dover Bridge (State or country): Talbot Co Md

MOTHER

15. MAIDEN NAME: Emma Warner

16. BIRTHPLACE (city or town): Dover Bridge (State or country): Talbot Co. Md.

17. INFORMANT (Address): Hospital Records

18. BURIAL, CREMATION, OR REMOVAL Place: Denton, Md Date: Aug 21, 1939

19. UNDERTAKER (Address): R. Ellis Clark Easton Md

20. FILED: 8-19, 1939 John Meade Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August (Month) 18 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 1st, 1937, to Aug 18, 1939

I last saw him alive on Aug 18, 1939; death is said to have occurred on the date stated above, at 4:10 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma	Sept 16
Sigmoid	1938

Other Contributory Causes of importance:

Name of operation: None. Had radium treatment Date of ..... Sept 1938

What test confirmed diagnosis: Physical examination Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Kenneth B. Jones M. D.

(Address) Cambridge Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(152)

07936

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge, R.F.D. # 2 Box 72
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 5 mos. 16 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge Rt # 2 Ward No. Box 72
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Rural.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Clark H. Davis

3. (b) Social Security Number none

4. Sex: male

5. Color or race: colored

6. (a) Single, married, widowed, or divorced: Single

8 (b) Name of husband or wife —

8 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) Feb. ~~20~~ 22 - 1939

8. AGE: Years | Months 5 | Days 16 | If less than one day ___ hrs. ___ min.

9. Birthplace Airey - Cambridge Rt # 2
(Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER
12. Name Francis Malock
13. Birthplace Md.

MOTHER
14. Maiden name Emma M. ~~Davis~~ (Davis)
15. Birthplace Md.

16. Informant Hattie Davis

Address Camb. Rt # 2. Box 72

17. Burial (Burial, cremation, or removal, Which?) Date thereof Aug. 7 - 1939 (month) (day) (year)

Cemetery or crematory Airey

Location Cambridge Rt # 2.

18. Funeral director Lewis H. Bayneum

Address Cambridge, Md.

19. 8-7 1939 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 6 1939, at 9:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 19 , to 18 ,

and that I last saw h alive on Nov at all. 19

Immediate cause of death — DURATION

Developed a temperature lasting seven days.

Cause unknown

Due to On the day of death, an abscess on the back

No doctor in of the infants' neck

Due to attendance ruptured.

There is no other history.

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John Mace Jr. M. D. or other

Address Cambridge, Md Date signed

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SEP 5 1939
BUREAU V. S.

07937

STATE OF MARYLAND—CERTIFICATE OF DEATH

(158)

1. PLACE OF DEATH

County Dorchester Registration Dist. No. 110

Village or City near Hurlock No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred Baby yrs. 2 days old mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME (not named) Baby Dodson If U.S. Veteran, specify WAR

(a) Residence: No. near Hurlock Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE C

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Infant.

6. DATE OF BIRTH (month, day, and year) Aug 21 - 1939

7. AGE Years — Months — Days 2 If LESS than 1 day, — hrs. or — min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) near Hurlock Md. (State or country)

FATHER

13. NAME Claytoyl Hubbard

14. BIRTHPLACE (city or town) Caroline Co. Md. (State or country)

MOTHER

15. MAIDEN NAME Edna M Dodson

16. BIRTHPLACE (city or town) Dor. Co. Md. (State or country)

17. INFORMANT Linwood Dodson (Address) Hurlock Md.

18. BURIAL, CREMATION, OR REMOVAL Place Washington Cemetery Hurlock Md. Date Aug 23, 1939

19. UNDERTAKER Linwood Dodson Grand Father (Address) Hurlock Md.

20. FILED Aug 22, 1939 Chas W Hastings Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug. (Month) 22 (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Delmar Child Aug. to 21, 1939

I last saw him alive on Aug 22, 1939; death is said to have occurred on the date stated above, at 6 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Congenital debility

Date of onset

Other Contributory Causes of importance: —

Name of operation none Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) L. G. Frazier M. D.

(Address) Hurlock Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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BUREAU V. S. I.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(946)

07938

Reg. Dist. No. 114

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

WITHIN CORPORATE LIMITS

1. PLACE OF DEATH:
County Dorchester.
City or town Cambridge
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 136 Race st.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 60

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Cambridge Ward No. 4
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 136 Race St
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR 20

3. (a) FULL NAME J. Fred Deemn

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Nettie G Seymour
6(c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) 3-16-1877

8. AGE: Years	Months	Days	If less than one day
62	5	11	____ hrs. ____ min.

9. Birthplace Maryland (Town, county, and state)
10. Usual occupation Retired
11. Industry or business
FATHER 12. Name J. D. Deemn
FATHER 13. Birthplace Md.
MOTHER 14. Maiden name Angenara McNamee
MOTHER 15. Birthplace Md
16. Informant Mrs Nettie Deemn
Address Cambridge Md
17. Burial
(Burial, cremation, or removal. Which?) Date thereof 8/29/39 (month) (day) (year)
Cemetery or crematory Dar Mem Park
Location Cambridge Md
18. Funeral director G S LeCompte
Address Cambridge Md
19. 8-29 1939 (Date rec'd by registrar) John Meade Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 27 1939, at 9.45 P m

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 27 1939 to Aug 27 1939 and that I last saw h alive on Aug 26 1939

Immediate cause of death	DURATION
Coronary Thrombosis	10 min
Due to Arterio-Sclerosis	unknown
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Gilbert E Meekins M.D.
M. D. or other
Address Cambridge Md Date signed 8-28-1939

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(34)

07939

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Pine St.

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) all life

WITHIN CORPORATE LIMITS

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md. County Dorchester

City or town Cambridge Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. Pine St. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Gertrude F Fedderman

3. (b) Social Security Number

4. Sex female

5. Color or race Colored

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife —

6(c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) April 10 1901

8. AGE: Years 38 Months 4 Days 12 If less than one day ___ hrs. ___ min.

9. Birthplace Cambridge Md (Town, county, and state)

10. Usual occupation House work

11. Industry or business

FATHER

12. Name Garnett Fedderman

13. Birthplace Cambridge

MOTHER

14. Maiden name Mammie (unknown)

15. Birthplace Md

16. Informant Evelyn Fedderman

Address Cambridge Md.

17. Cambridge Md (Burial, cremation, or removal. Which?) Date thereof Aug 26 (month) (day) (year)

Cemetery or crematory Bethel Cemetery

Location Cambridge Md

18. Funeral director Lewis H Baynem

Address Cambridge Md

19. 8/24/39 (Date rec'd by registrar) John Moore Jr Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 22 1939, at 3:18 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 30 1939, to August 22 1939, and that I last saw her alive on August 22 1939.

Immediate cause of death Cerebral softening (Paresis) Acute Pneumonia (RLL)

Due to Syphilis.

Due to

Other conditions Rectal Structure with ischiorectal Abscess. (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. F. Ranks M. D.

Address Cambridge Md Date signed 8/24/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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SEP 5 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07940

1. PLACE OF DEATH

County Dorchester Registration Dist. No. 116

Village or City Cambridge — No. Cambridge Maryland St. Hospital Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. 1 ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Infant Horseman

(a) Residence: No. Madison — Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ✓

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) Aug 29-39

7. AGE Years + Months + Days + If LESS than 1 day, # hrs. or # min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Hamilton Horseman

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Hilda E. Moore

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) Hilda E. Horseman Madison

18. BURIAL, CREMATION, OR REMOVAL

Place Disposed of at Date ___, 19___

19. UNDERTAKER (Address) Cambridge Md. Hosp.

20. FILED 8-29, 1939 John Mace Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug (Month) 29 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ___, 19___, to ___, 19___

I last saw b___ alive on ___, 19___; death is said to have occurred on the date stated above, at ___ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Abortion — of 4 weeks pregnancy — Fetus not found; only shreds of placental tissue

Date of onset

Other Contributory Causes of Importance:

Name of operation ___ Date of ___

What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ___

(Signed) Jos. K. Shriver M. D.

(Address) Cambridge Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Dr Frazier

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07941

(92-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH:

County Dorchester

City or town Williamsburg
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 16 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Williamsburg Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Albert F. Hubbard

3. (b) Social Security Number —

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Clara Walston Hubbard

6(c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) February 13, 1866

8. AGE: Years 73 | Months 5 | Days 22 | If less than one day ___ hrs. ___ min.

9. Birthplace Dorchester County, Maryland
(Town, county, and state)

10. Usual occupation Retired Farmer

11. Industry or business Farm

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden name Susan Ann Hubbard
15. Birthplace Dorchester County, Maryland

16. Informant Mrs. Clara W. Hubbard

Address Williamsburg, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof August 8 1939 (month) (day) (year)

Cemetery or crematory Spring Hill Cemetery

Location Easton Maryland

18. Funeral director J. J. Frampton & Son

Address Federalsburg, Maryland

19. Aug. 7th 1939 (Date rec'd by registrar) Chas. H. Hastings Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 5 1939, at 10:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from often own for 3 years 19 19 19, and that I last saw him alive on Aug 5 1939.

Immediate cause of death Chronic endocarditis. — DURATION 3 years

Due to

Due to

Other conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations no operation

Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE L. G. Frazier M. D. or other

Address Hurlock 6 Date signed 7-7-39

RECEIVED
SEP 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (8)

07942

CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH:
County Dorchester
City or town Rhodesdale - Rural - Petersburg
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Rhodesdale Md. Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Near Petersburg
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Baby (Jackson) Jolley

3. (b) Social Security Number —

4. Sex: Female
5. Color or race: Colored
6. (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife —
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) August 19, 1939
8. AGE: Years: Stillborn; Months; Days; If less than one day: 0 hrs. 0 min.
9. Birthplace Dorchester County, Maryland (Town, county, and state)
10. Usual occupation Infant
11. Industry or business
FATHER
12. Name Cornelius Jackson
13. Birthplace Petersburg, Maryland
MOTHER
14. Maiden name Isabel Jolley
15. Birthplace Petersburg, Maryland
16. Informant Cornelius Jackson
Address Rhodesdale, Maryland, R.F.D.
17. Burial (Burial, cremation, or removal. Which?) Date thereof August 20 1939 (month) (day) (year)
Cemetery or crematory Jackson Farm
Location Near Petersburg, Maryland
18. Funeral director J. J. Frampton & Son
Address Federalsburg Maryland
19. Aug 19 1939 (Date rec'd by registrar) Lakes N. Hastings Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 19 1939, at 12 30 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19 , to — 19 ,
and that I last saw h alive on — 19 .
Immediate cause of death Still Birth
Due to Strangulation by Cord
Due to in Prolonged Labor
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

CURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. K. Knotts M. D. or other
Address Federalsburg, Md Date signed 8/19/39

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 8 1939
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07943

Reg. Dist. No.

1. PLACE OF DEATH:

County: Dorchester

City or town: Cambridge Md (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: R.F.D.T Egypt Road

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): —

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County: Dorchester

City or town: Cambridge R.F.D.' Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Baby Girl Jolley

3. (b) Social Security Number

4. Sex: F

5. Color or race: Col

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: None

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): 8/23/35

8. AGE: Years: 6 Mo Months: Miscarriage Days: If less than one day ____ hrs. ____ min.

9. Birthplace: Cambridge Md. RFDT (Town, county, and state)

10. Usual occupation: None

11. Industry or business: —

FATHER

12. Name: Thomas Smith

13. Birthplace: Cambridge Md.

MOTHER

14. Maiden name: Marvel Jolley

15. Birthplace: Cambridge Md.

16. Informant: Marvel Jolley

Address: Cambridge Md. R.F.D.T

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 8 (month) 24 (day) 35 (year)

Cemetery or crematory: Brockton

Location: Brockton Md.

18. Funeral director: Charles Jolley

Address: Cambridge Md. R.F.D.

19. 8/23/ 1935 (Date rec'd by registrar) Jesse Moore Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 8/23/ 1935, at 8 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Not at all 19__, to 19__, and that I last saw h__ alive on Not at all 19__.

Immediate cause of death: 6 Mo. Miscarriage (Cause unknown)

Due to

Due to

Other conditions: None

(Include pregnancy within 3 months of death)

Major findings:

Of operations: —

Of autopsy: —

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: Jesse Moore Jr. M.D. (M. D. or other)

Address: Cambridge Md Date signed: 8/24/35

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STATE OF MARYLAND—CERTIFICATE OF DEATH

07944

107-a

1. PLACE OF DEATH

County Dorchester Registration Dist. No. 116

Village or City Cambridge No. State Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. 6 mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Terry Carroll Krauss If U. S. Veteran, specify WAR .....

(a) Residence: No. Rising Sun, Md. St., ... Ward. .....

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Blanche Hasson Krauss

6. DATE OF BIRTH (month, day, and year) Sept 29 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	11	.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Painter - Paperhanger

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Building

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 41 yrs

12. BIRTHPLACE (city or town) Colora Cecil Co (State or country) Maryland

FATHER

13. NAME Lyttleton Krauss

14. BIRTHPLACE (city or town) Krauss (State or country) Maryland

MOTHER

15. MAIDEN NAME Annie Mooney

16. BIRTHPLACE (city or town) Lancaster County (State or country) Pennsylvania

17. INFORMANT Hospital Records E.S.S.H. (Address) Cambridge, Maryland

18. BURIAL, CREMATION, OR REMOVAL

Place Pennsville Md Date Sept 1, 1939

19. UNDERTAKER Fred A. Patterson (Address) Pennsville Md

20. FILED 8-30, 1939 John Mace Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug (Month) 29 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1939, to Aug 29, 1939

I last saw him alive on Aug 29 1939; death is said to have occurred on the date stated above, at 4:00 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	Aug 27 1939

Other Contributory Causes of Importance:

Senile Psychosis	1936

Name of operation none Date of .....

What test confirmed diagnosis? Phys. Laboratory Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Kenneth B. Jones M. D.

(Address) Cambridge Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-D)

07945

CERTIFICATE OF DEATH

Reg. Dist. No. 11 D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Dorchester
City or town Rhodesdale R.D.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or Institution:
Stay in hospital or Inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 37 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dor
City or town Rhodesdale R D Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary E. Marine

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife John H Marine
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 11 - 1857

8. AGE:

Years	Months	Days	If less than one day
82	6	12	hrs. min.

9. Birthplace Wicomico Md
(Town, county, and state)
10. Usual occupation House work
11. Industry or business

FATHER
12. Name Alfred English
13. Birthplace Md

MOTHER
14. Maiden name Isabelle Bennett
15. Birthplace Md

16. Informant Harry Marine
Address Rhodesdale

17. Burial Date thereof Aug 25 - 1939
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Reids Grove
Location Graveyard Boys

18. Funeral director Sharptown
Address

19. Aug 25 1939 H. L. Hastings
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 23 1939, at 330 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 1 1939, to Aug 22 1939
and that I last saw h alive on Aug 22 1939

Immediate cause of death Carcinoma of Rectum — DURATION 1 Yr 8 Mos

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. S. Kuhlman M. D. or other
Address Sharptown Md Date signed 8/23/39

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (191)

CERTIFICATE OF DEATH

07946

Reg. Dist. No. 112

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
County Dorchester Virginia
City or town Cambridge Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: ✓
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) 80

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Vienna Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. —
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No —

3. (a) FULL NAME Ellen Newton McAllister
3. (b) Social Security Number ✓

4. Sex Male.
5. Color or race White
6. (a) Single, married, widowed, or divorced married
6 (b) Name of husband or wife Samuel E. Hallaway
6(c) If alive, give age 79 years
7. Birth date of deceased (mo., day, yr.) 9-10-1858
8. AGE: Years 80 | Months " | Days 7 | If less than one day ___ hrs. ___ min.
9. Birthplace Vienna Md (Town, county, and state)
10. Usual occupation Retired
11. Industry or business
FATHER 12. Name John H. McAllister
13. Birthplace Md
MOTHER 14. Maiden name Ella Lankford
15. Birthplace Md
16. Informant Lotie McAllister
Address Vienna Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 8/9/1939 (month) (day) (year)
C.E.
Cemetery or crematory —
Location Vienna Md
18. Funeral director G.S. Lecompte
Address Cambridge Md
19. August 15 1939 (Date rec'd by registrar) Mrs R.L. Wright Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 17 1939, at 6 A.M. P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 14 1939 to Aug 17, 1939
and that I last saw him alive on Aug. 17, 1939

Immediate cause of death Heat Stroke — OURATION 4 days
Uremia — 4 days
Due to Arteriosclerotic nephritis — ?
Due to —
Other conditions —
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work?

23. SIGNATURE Lawrence Mangum M.D.
M. D. or other
Address Vienna, Md. Date signed 8/18/39

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STATE OF MARYLAND—CERTIFICATE OF DEATH

07947

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (8)

County Dorchester Registration Dist. No. 110

Village or City Hurlock Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred Still born yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Still born McDaniel If U. S. Veteran, specify WAR

(a) Residence: No. Hurlock Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	C	Stillborn

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, dey, and year) Aug 8 - 39

7. AGE Years	Months	Days	If LESS then 1 dey. hrs. or min.
Still born	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hurlock Md
(State or country)

FATHER

13. NAME James McDaniel

14. BIRTHPLACE (city or town) Talbot Co
(State or country) Md.

MOTHER

15. MAIDEN NAME Ella Dawson

16. BIRTHPLACE (city or town) Ridgely
(State or country) Md.

17. INFORMANT Mother
(Address) Hurlock Md

18. BURIAL, CREMATION, OR REMOVAL
Place Williamsburg Md Date Aug 9- 1939

19. UNDERTAKER James McDaniel (Father)
(Address) Williamsburg Md

20. FILED Aug 9- 1939 Chas W Hastings
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Still born Aug 8 1939
(Month) (Dey) (Year)

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19...; death is said to have occurred on the dete stated above, at ... m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Still born	

Other **Contributory Causes** of importence:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Hurlock Md M. D.

(Address) ...

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebrol hemorrhoge	*July 5, 1927*
Other contributory causes of importance:	
Gollstones	*May 1, 1923*

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SEP 8 1927
U.S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gostroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07948

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Dorchester Registration Dist. No. 116

Village or City Cambridge No. Race St. extended St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Henry Moore

(a) Residence: No. Race St. Extended St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Eva Maria Shorter

6. DATE OF BIRTH (month, day, and year) Nov. 15-1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

FATHER

13. NAME Josiah Moore

14. BIRTHPLACE (city or town) Md
(State or country)

MOTHER

15. MAIDEN NAME Margaret Wroten

16. BIRTHPLACE (city or town) Md
(State or country)

17. INFORMANT Eva Maria Moore
(Address) Race St. extended

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Cambridge Date Aug 29, 1939

19. UNDERTAKER L. D. LeCompte
(Address) Cambridge Md.

20. FILED 8-29, 1939 John Mace Jr.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug. (Month) 27 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw him alive on , 19 ; death is said to have occurred on the date stated above, at 12-45 m. a.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Died suddenly — probable cause	
Coronary Occlusion	Aug 27

Other **Contributory Causes** of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Jos. K. Shriver, Dep. Med. Exam. M. D.

(Address) Cambridge Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

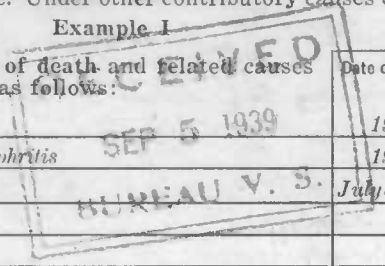
8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:



Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07949

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (93-C)

County Dorchester — Registration Dist. No. 116

Village or City Cambridge — No. Eastern Shore Hospital — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 2 yrs. 0 mos. 9 ds. — How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ella Virginia Pennington — If U. S. Veteran, specify WAR ...

(a) Residence: No. ... St., ... Ward. Hillsboro Md

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 16, 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54	0	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Storekeeper

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Any Store

10. Date deceased last worked at this occupation (month and year) May, 1937

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Caroline Co.
(State or country) Maryland

FATHER

13. NAME William F. Pennington

14. BIRTHPLACE (city or town) ...
(State or country) Maryland

MOTHER

15. MAIDEN NAME Emma Thawley

16. BIRTHPLACE (city or town) ...
(State or country) Maryland

17. INFORMANT Hospital records.
(Address) Cambridge Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Hillsboro Date Aug 15 39

19. UNDERTAKER Kenneth P. Downes
(Address) Emerson, Md.

20. FILED 8-15-1939 John Meade Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug (Month) 13 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug. 5, 1937, to Aug 13, 1939

I last saw h... alive on Aug 11, 1939; death is said to have occurred on the date stated above, at 10:50 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
- Bronchio-pneumonia	Aug. 12
Chronic myocarditis	prior to 1937
myocardial degeneration	1937
Arteriosclerosis	prior to 1937
Other Contributory Causes of importance:	
Involutional Psychosis (agitated depression)	- 1937

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Kenneth P. Downes M. D.

(Address) Cambridge Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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SEP 5 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(154)

07950

Reg. Dist. No. 115

1. PLACE OF DEATH:
County Dorchester
City or town Fishing Creek
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: ✓
Stay in hospital or inst. (yrs., or mos., or days) ✓
Stay in this community (yrs., or mos., or days) 60 yrs 9 mo

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Fishing Creek Ward No. ✓
(If outside city or town limits, write RURAL NEAR and give town)
Street No. ✓
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Mahala Phillips

3. (b) Social Security Number 212-12-3908

4. Sex Female
5. Color or race White
6. (a) Single, married, widowed, or divorced Married.
B (b) Name of husband or wife Wm Phillips
6(c) If alive, give age 69 years
7. Birth date of deceased (mo., day, yr.) 11-28-1878

8. AGE: Years 60 Months 9 Days ✓ If less than one day ___ hrs. ___ min.

9. Birthplace Fishing Creek, Md (Town, county, and state)
10. Usual occupation Laborer (House Wife)
11. Industry or business Crab factory
FATHER 12. Name Wm Parker
13. Birthplace Md
MOTHER 14. Maiden name Sarah Meekins
15. Birthplace Md
16. Informant Miss Bertha Phillips
Address Fishing Creek, Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof 8/30/1939 (month) (day) (year)
Cemetery or crematory Hoosier Memorial
Location Fishing Creek, Md
18. Funeral director G S LeCompte
Address Cambridge Md
19. Aug 28 1939 (Date rec'd by registrar) James W. Meade LOC. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 28 1939, at 3:07 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1939, to Aug 28 1939 and that I last saw her alive on Aug 28 1939.

Immediate cause of death — DURATION
Due to Osteomyelitis of Superior Maxillary bone — 3 yrs
Due to Uselin
Other conditions None
(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy None.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ✓ Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ✓
Means of injury Injured at work? no

23. SIGNATURE James W. Meade M.D. M. D. or other
Address Fishing Creek, Md Date signed Aug 28/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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SEP 7 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07951

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (48)

County Dorchester Registration Dist. No. 112

Village or City Vienna R.F.D. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residanca in city or town where deeth occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Bessie L. Richardson If U. S. Veteran, specify WAR

(a) Residence: No. Vienna R.F.D. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Robert H. Richardson

6. DATE OF BIRTH (month, day, and yaar) Sept 26, 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last workad at this occupetion (month and year)

11. Total tima (years) spent in this occupation

12. BIRTHPLACE (city or town) Cambridge R.F.D. (State or country) Md.

FATHER

13. NAME Jas. T. Kelly

14. BIRTHPLACE (city or town) Cambridge R.F.D. (State or country) Md.

MOTHER

15. MAIDEN NAME Susan Kelly

16. BIRTHPLACE (city or town) Cambridge R.F.D. (State or country) Md.

17. INFORMANT Artie Richardson Cambridge Md. (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Cambridge Md. Date Aug 11, 1939

19. UNDERTAKER Frank E. Abbott Cambridge Md. (Address)

20. FILED Aug 10, 1939 Elizabeth M. Croft Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug. (Month) 7 (Day), 1939 (Yaar)

22. I HEREBY CERTIFY, That I attended deceased from Sept 4, 1938, to Aug 7, 1939

I last saw her aliva on July 27, 1939; death is said to have occurred on the data stated above, at 11:30 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma Uterus	Aug 1938
Other Contributary Causes of Importance:	

Neme of operation Date of

What test confirmed diagnosis? Was thara an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of Injury

Nature of injury

24. Wes disease or injury in any way relatad to occupation of deceased? no

If so, spacify

(Signed) C. H. Travers M. D.

(Address) Cambridge, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—**private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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SEP 6 1939
BUREAU V. S.

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07952

CERTIFICATE OF DEATH

Reg. Dist. No. 110

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Dorchester
City or town Elwood.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: —
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Dorchester
City or town Near Elwood Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. —
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Baby Riducot. Still Born.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Col.	—

6 (b) Name of husband or wife —
6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Still Born. Aug 26- 39

8. AGE: Years — Months — Days — If less than one day — hrs. — min.

9. Birthplace Md.
(Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Martin Riducot
13. Birthplace Md.

MOTHER
14. Maiden name Sallie Coleman
15. Birthplace Md.

16. Informant Martin Riducot
Address Preston Md

17. Burial Date thereof Aug 27-39
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory At home on farm
Location Near Elwood. Md.

18. Funeral director Martin Riducot
Address Preston. Md.

19. Aug 27- 1939 Chas W Hastings
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 26- 1939, at 4 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19—, to — 19—,
and that I last saw h— alive on — 19—.

Immediate cause of death — DURATION
Still born without
Due to Physicians
Due to Midwife in
Other conditions attendance
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did Injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of Injury — Injured at work?

23. SIGNATURE Chas W Hastings Register
M. D. or other
Address Hurlock Md. Date signed Aug 26-39

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SEP 8 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-B)

07953

CERTIFICATE OF DEATH

Reg. Dist. No. 114

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Dorchester
City or town Robbins Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: —
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) 49 - 8 - 11

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Robbins, Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. —
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR World War

3. (a) FULL NAME A Banner Robbins

3. (b) Social Security Number —

4. Sex Male

5. Color or race White

6.(a) Single, married, widowed, or divorced Married.

6 (b) Name of husband or wife Ruby Simmons

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 11 - 22 - 1889

8. AGE: Years 49 | Months 8 | Days 11 | If less than one day — hrs. — min.

9. Birthplace Robbins Md
(Town, county, and state)

10. Usual occupation Trapper

11. Industry or business Farmer

FATHER
12. Name H. H. Robbins
13. Birthplace Robbins Md

MOTHER
14. Maiden name Martina Robbins
15. Birthplace Robbins Md

16. Informant Mrs Ruby Robbins
Address Robbins Md

17. Burial. Date thereof 8/5/1939
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Lonely Island
Location Robbins Md

18. Funeral director G S Lecompte
Address Cambridge Md

19. Aug 6 1939 Mrs H J Lusick
(Date rec'd by registrar) Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 3rd 1939, at 4:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 10 1939, to Aug 3 1939, and that I last saw him alive on Aug 3 1939.

	DURATION
Immediate cause of death Bronchitis	1½ years
Due to —	
Due to —	
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work?

23. SIGNATURE P. H. Travers
M. D. or other
Address Cambridge Md Date signed Aug 4, 1939

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SEP 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94F)

CERTIFICATE OF DEATH

Reg. Dist. No. 119 — 07954

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH
County Dorchester
City or town Cambridge Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: ✓
Stay in hospital or inst. (yrs., or mos., or days) ✓
Stay in this community (yrs., or mos., or days) 40 —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Cambridge — Ward No. ✓
(If outside city or town limits, write RURAL NEAR and give town)
Street No. ✓
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Ira E. Robinson — **3. (b) Social Security Number** ✓

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

B (b) Name of husband or wife Lucie Branchea
6(c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) 4-26-1880

8. AGE:

Years	Months	Days	If less than one day
59	4	3	hrs. ___ min.

9. Birthplace Bishop Head Md (Town, county, and state)
10. Usual occupation Waterman
11. Industry or business Oyster
12. FATHER Name James P. Robinson
13. FATHER Birthplace Bishop Head Md
14. MOTHER Maiden name Hilda A Pritchett
15. MOTHER Birthplace Bishop Head Md
16. Informant Lucille Robinson
Address Cambridge Md
17. Burial, cremation, or removal. Which? Burial. Date thereof Aug 31 29 (month) (day) (year)
Cemetery or crematory Dar Mem Park
Location Cambridge Md
18. Funeral director G S Le Compte
Address Cambridge Md.
19. August 31 1939 (Date rec'd by registrar) Wilson D. Pritchett Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 29 1939, at 11.20 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1939, to August 29 1939, and that I last saw h[illegible] alive on August 29 1939.

	DURATION
Immediate cause of death Coronary Thrombosis	1 day
Due to Myocardial degeneration	4 years
Due to Essential Hypertension	?
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE W. D. Pritchett M. D. coroner
Address Cambridge Md Date signed 8/29/39

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OCT 4 1939
BUREAU V. S.

07955

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(59)

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 8 William

Stay in hospital or inst. (yrs., or mos., or days) ✓

Stay in this community (yrs., or mos., or days) 50

WITHIN CORPORATE LIMITS

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge Ward No. 1

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 8 William

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No —

3. (a) FULL NAME Carrie Wright Ross

3. (b) Social Security Number ✓

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: L Eugene Ross

6(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.): 6-28-1863

8. AGE: Years 76 | Months 1 | Days 17 | If less than one day ___ hrs. ___ min.

9. Birthplace: East New Market Md (Town, county, and state)

10. Usual occupation: None

11. Industry or business: —

FATHER

12. Name: Isaac H Wright

13. Birthplace: Md

MOTHER

14. Maiden name: Elizabeth Craft

15. Birthplace: Md

16. Informant: Mrs Lillian Wright

Address: Cambridge Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 18 1939 (month) (day) (year)

Cemetery or crematory: Christ Church

Location: Cambridge Md

18. Funeral director: G S LeCompte

Address: Cambridge Md

19. 8-18 1939 (Date rec'd by registrar) John Moore Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 15 1939, at 2:15 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19 to Aug. 15 1939, and that I last saw her alive on Aug 15 1939.

Immediate cause of death: Cerebral hemorrhage + left hemiplegia

Due to

Due to

Other conditions: Diabetes Mel. with hypertension

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy: no

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: no — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE: Guy Steele M. D. or other

Address: Cambridge Md Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(M)

(T)

RECEIVED
SEP 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

07956

CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Dorchester
City or town East New Market
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Dorchester
City or town East New Market Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Janet Slacum

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	col	

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 24, 1939

8. AGE: Years	Months	Days	If less than one day
			hrs. min.

9. Birthplace East New Market, Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name John Jackson
13. Birthplace New York

MOTHER
14. Maiden name Helen L. Slacum
15. Birthplace Md.

16. Informant Mary Johnson
Address East New Market

17. burial Date thereof Aug 24-1939
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or ~~crematory~~ E. N. Market
Location

18. Funeral director Mrs. John Jackson
Address E. N. Md.

19. Sept 2 1939 H-E Parker
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 24 1939 6.30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from still from 19, to 19,
and that I last saw h alive on 19.

Immediate cause of death	DURATION
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE H-E. Parker-Registrar
M. D. or other
Address Date signed

Stillb.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(23)

07957

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County: Dorchester

City or town: Salem R.F.D.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Dorchester

City or town: Salem Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. —
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME: Daniel Stanley
Danoar R Standey

3. (b) Social Security Number

4. Sex: Male

5. Color or race: Color

6. (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: dead

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Abt Jan. 1888

8. AGE: Years 51 | Months 8 | Days | If less than one day ____ hrs. ____ min.

9. Birthplace: fork neck nd
(Town, county, and state)

10. Usual occupation: farmer

11. Industry or business: farmer

FATHER
12. Name: Willia Standey
13. Birthplace: md

MOTHER
14. Maiden name: Mary J Malackus
15. Birthplace: nd

16. Informant: Mary J Standey
Address: Vanna Rfd no 2

17. fork neck
(Burial, cremation, or removal. Which?)
Date thereof: Aug 23 - 39
(month) (day) (year)

Cemetery or crematory: Harchstar Co

Location: fork neck

18. Funeral director: Lewis H Bayne

Address: cambridge nd

19. 8-20 1939
(Date rec'd by registrar)
John Moore Jr.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 20, 1939, at ____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 18 1939, to August 20 1939, and that I last saw h 14 alive on August 18 1939.

Immediate cause of death: Tuberculosis Meningitis — DURATION: 6 days

Due to: Pulmonary Tuberculosis — 4 years

Other conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: [signature]
M. D. or [illegible]

Address: Cambridge Md Date signed: 8/21/39

RECEIVED
SEP 5 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07958

1. PLACE OF DEATH (82-a)

County Dorchester Registration Dist. No. 112

Village or City Vienna No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Celia K. Stewart If U. S. Veteran, specify WAR

(a) Residence: No. Vienna Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: John Stewart

6. DATE OF BIRTH (month, day, and year): Dec 27 1864

7. AGE: Years 74 | Months 7 | Days 6 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Home

10. Date deceased last worked at this occupation (month and year): 1938

11. Total time (years) spent in this occupation: 50

12. BIRTHPLACE (city or town) (State or country): Fork Neck Dor. Co. Md

FATHER

13. NAME: Robert Stanley

14. BIRTHPLACE (city or town) (State or country): Fork Neck Dor. Co. Md

MOTHER

15. MAIDEN NAME: Annie Stanley

16. BIRTHPLACE (city or town) (State or country): Fork Neck Dor. Co. Md

17. INFORMANT (Address): Mamie Johnson Smith Vienna Md

18. BURIAL, CREMATION, OR REMOVAL

Place Vienna Date Aug 6, 1939

19. UNDERTAKER (Address): H M St Clair Cambridge Md

20. FILED Aug 3, 1939 Mrs R. L. Nuttle Dept. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug. (Month) 3 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1939, to Aug. 3, 1939

I last saw her alive on Aug. 3, 1939; death is said to have occurred on the date stated above, at 5:15 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7/31/39
Hypostatic Pneumonia	8/2/39

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Lawrence Maryanov M. D.

(Address) Vienna Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
SEP 8 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07959

1. PLACE OF DEATH (93-c)

County Dorchester Registration Dist. No. 116

Village or City Cambridge No. Eastern Shore State Hosp. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 1 yrs. 0 mos. 11 ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mahala Travers If U. S. Veteran, specify WAR .....

(a) Residence: No. Hurlock St., ... Ward. Dorchester Co. Md.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Matthew T. Travers

6. DATE OF BIRTH (month, day, and year): June 3, 1891

7. AGE: Years 58 | Months 2 | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Own home

10. Date deceased last worked at this occupation (month and year): 1925

11. Total time (years) spent in this occupation: 14

12. BIRTHPLACE (city or town) (State or country): Hooper's Island Maryland

FATHER

13. NAME: William Lewis

14. BIRTHPLACE (city or town) (State or country): Hooper's Island Maryland

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Hooper's Island Maryland

17. INFORMANT (Address): Hospital Records Cambridge Md.

18. BURIAL, CREMATION, OR REMOVAL

Place: East New Market Md Date: Aug 23, 1939

19. UNDERTAKER (Address): H H Willoughby East New Market Md

20. FILED: 8-21, 1939 John Mace Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August (Month) 21 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1938, to Aug 21, 1939

I last saw her alive on Aug 20, 1939; death is said to have occurred on the date stated above, at 4:35 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Aug 19-39
Cerebral Arteriosclerosis - Gp	1934
Myocardial Degeneration and Chronic Myocarditis	Apr 1925
Other Contributary Causes of Importance:	
Psychosis with cardiovascular disease	1934

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Kenneth B. Jones M. D.

(Address) Cambridge Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
SEP 5 1930
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

183 07960

1. PLACE OF DEATH

County Dorchester Registration Dist. No. 110

Village or City Wright's Wharf - Hurlock No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred — yrs. 7 mos. — ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Leona Wagner

(a) Residence: No. Hurlock - R.F.D. St., Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John B. Wagner

6. DATE OF BIRTH (month, day, and year) June 17 - 1909

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Harry Benj. Franklin

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Leona Wilhelm

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Helen Franklin (Address) Berwyn, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Cambridge Date Aug 5 1939

19. UNDERTAKER Kennett K. Thomas (Address) Cambridge Md

20. FILED Aug. 4, 19 Chas. B. Hastings Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug (Month) 3 (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 ; death is said to have occurred on the date stated above, at 2-50 P. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Drowning	Aug 3.
Accidental	

Other Contributory Causes of Importance: —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? accident Date of injury Aug 3. 1939.

Where did injury occur Wright's Wharf - Hurlock (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. in Choptank River off J. Wright's Wharf

Manner of injury

Nature of injury Drowning

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Jos. K. Thurston, Dep. Med. Exam.

(Address) Cambridge Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
SEP 6 1939
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07961

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH 215-7

County Dorchester Registration Dist. No. 110

Village or City County road near Hurlock No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Betty Williams

(a) Residence: No. Williamsburg R.D. 4 St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	Col	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 17-1937

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Jos. N. Williams

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Rosa Allen

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Jos. N. Williams

(Address) Williamsburg R 4

18. BURIAL, CREMATION, OR REMOVAL

Place Williamsburg Date Aug. 8, 1939

19. UNDERTAKER John D. Wallerius

(Address) Easton Md.

20. FILED Aug 7, 1939 Chas. W. Hastings Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug (Month) 5 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 ; daath is said to have occurred on tha date stated above, at 3:30 P. m.

The **PRINCIPAL CAUSE OF DEATH** and ralated causas of importance were as follows:

	Date of onset
Fracture of Skull	

Othar **Contributory Causes** of importance:

Name of operation Data of

What tast confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicida, or homicide? accident Date of injury Aug 5, 1939

Where did injury occur County road near Hurlock (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. on County road

Manner of injury Thrown out of car due to collision

Nature of injury Fracture of Skull

24. Was disease or injury in any way related to occupation of dacaased? No

If so, spacify

(Signed) Jos. K. Shriver, D. M. D. M. D.

(Address) Cambridge Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

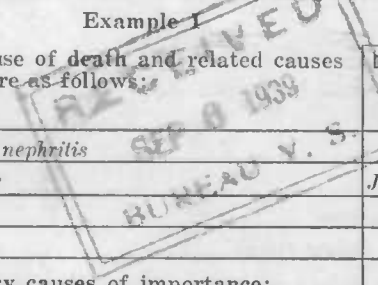
8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:



Example I		Example II	
The **principal cause of death** and related causes of importance were as follows:	Date of onset	The **principal cause of death** and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		**Other contributory causes of importance:**	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN